

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/23/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Howard County Government

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000965

	c. Organizational DUNS:	102547127	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 9830 Patuxent Woods Drive

Street 2:

City: Columbia

County: Howard

State: Maryland

Country: United States

Zip / Postal Code: 21046

e. Organizational Unit (optional)

Department Name: Community Resources and Services

Division Name: Office of Community Partnerships

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Michelle

Middle Name: Lee

Last Name: Hippert

Suffix:

Title: CoC Manager

Organizational Affiliation: Howard County Government

Telephone Number: (410) 313-5971

Extension:
Fax Number: (410) 313-6424
Email: mhippert@howardcountymd.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Maryland
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Rehousing I FFY 19

16. Congressional District(s):

a. Applicant: MD-007, MD-006, MD-003

b. Project: MD-007, MD-006, MD-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 07/01/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Calvin

Middle Name:

Last Name: Ball

Suffix:

Title: County Executive

Telephone Number: (410) 313-6400
(Format: 123-456-7890)

Fax Number: (410) 313-6424
(Format: 123-456-7890)

Email: cmattis@howardcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/23/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Howard County Government

Prefix: Mr.

First Name: Calvin

Middle Name:

Last Name: Ball

Suffix:

Title: County Executive

Organizational Affiliation: Howard County Government

Telephone Number: (410) 313-6400

Extension:

Email: cmattis@howardcountymd.gov

City: Columbia

County: Howard

State: Maryland

Country: United States

Zip/Postal Code: 21046

2. Employer ID Number (EIN): 52-6000965

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$45,360.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD, Office of Special Needs Assistance Programs	Grant (projects included in Annual Renewal Demand for this Recipient Agency)	\$1,029,787.00	Permanent Supportive Housing, Rapid Rehousing Programs, Planning

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

New Project Application FY2019	Page 10	09/24/2019
--------------------------------	---------	------------

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: ☒

Name / Title of Authorized Official: Calvin Ball, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/23/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Howard County Government

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Calvin

Middle Name

Last Name: Ball

Suffix:

Title: County Executive

Telephone Number: (410) 313-6400
(Format: 123-456-7890)

Fax Number: (410) 313-6424
(Format: 123-456-7890)

Email: cmattis@howardcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/23/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Howard County Government

Name / Title of Authorized Official: Calvin Ball, County Executive

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/23/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Howard County Government

Street 1: 9830 Patuxent Woods Drive

Street 2:

City: Columbia

County: Howard

State: Maryland

Country: United States

Zip / Postal Code: 21046

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Calvin

Middle Name:

Last Name: Ball

Suffix:

Title: County Executive

Telephone Number: (410) 313-6400
(Format: 123-456-7890)

Fax Number: (410) 313-6424
(Format: 123-456-7890)

Email: cmattis@howardcountymd.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/23/2019

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$45,360

Organization	Type	Sub-Award Amount
Humanim, Inc.	M. Nonprofit with 501C3 IRS Status	\$45,360

2A. Project Subrecipients Detail

a. Organization Name: Humanim, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 52-0962588

	* d. Organizational DUNS:	080569841	PLUS 4:	
--	----------------------------------	-----------	----------------	--

e. Physical Address

Street 1: 6355 Woodside Court

Street 2:

City: Columbia

State: Maryland

Zip Code: 21046

f. Congressional District(s): MD-007, MD-006, MD-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$45,360

j. Contact Person

Prefix: Mr.

First Name: Jesse

Middle Name: Robert

Last Name: Guercio

Suffix:

Title: Director, Behavioral Health Services

E-mail Address: jguercio@humanim.com

Confirm E-mail Address: jguercio@humanim.com

Phone Number: 410-381-7171

Extension:

Fax Number: 410-381-5317

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Howard County Department of Community Resources and Services (DCRS) is the Collaborative Applicant for the Continuum of Care (CoC) and recipient organization for all projects funded through the CoC. Since the mid-90s the CoC has promoted community-wide planning and strategic use of resources to reduce homelessness. Through careful planning the CoC has improved data collection, coordination and integration of mainstream resources and strives to improve HUD and local performance measures. DCRS is the lead agency for HMIS and assures that CoC subrecipients fully participate in HMIS and CoC committees and that data is used in planning and prioritizing services. The CoC Board's Rating and Ranking (RNR) Committee reviews and prioritizes requests for federal, state and local funds to assist those who are homeless. RNR provides oversight of and guidance for implementation of CoC projects. RNR assists projects to maintain compliance with CoC requirements by reviewing monitoring reports and assisting with creating action plans to remedy poor performance.

DCRS staff has extensive experience with enforcing OMB circulars, the Interim Rule and state requirements to support non-profit providers with CoC programming, state funded ESG and other state funded homeless assistance programs. DCRS manages \$1.3 million in local grants to non-profit agencies in Howard County to enhance efforts of federal and state programs to reduce and end homelessness and assist vulnerable populations.

Humanim has been the CoC's provider of homeless services to chronically homeless individuals and families since 2015. Humanim is a 501(C)3 non-profit corporation that operates under a 13-member Board of Directors and adheres to federal regulations as they pertain to OMB Circulars and Generally Accepted Accounting Procedures. Humanim's policies and procedures are evaluated annually through an independent audit process. Humanim is accredited by CARF, (evaluates organizations providing behavioral health services) the Standards for Excellence Institute (establishes standards for nonprofit management) and engages in ongoing quality control efforts to maintain fidelity with evidence-based practices used in its services. In both HUD APRs and in the CoC Rating and Ranking, Humanim's performance on PSH projects meet and exceed standards. The CoC is confident that this first HUD rapid rehousing project will be well managed and provide high quality services with timely reporting.

DCRS and Humanim are experienced administrators of federal funding and have staffing, monitoring and financial systems in place to assure a successful rapid rehousing project. The project will quickly and safely house a minimum 2 of the most vulnerable, eligible households and provide supports to access and maintain permanent housing. Participants will receive counseling and assistance to acquire mainstream to attain a higher level of self-sufficiency. Humanim will provide matching funds for the project.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Howard County's DCRS has coordinated resources and distributed federal, state and local funding since the mid-90's. DCRS actively pursues federal and state funds to support the goal of ending homelessness in our community. Howard County contributes DCRS administrative staffing, a COC Manager and approximately \$1.3 million annually for case management, a housing locator, local non-profit subsidies, addictions treatment, workforce development and public school resources for families with children. Local funds are collectively referred to as "Plan to End Homelessness" or PEH funds. PEH grants support the local Plan to End Homelessness and fill gaps in resources to end homelessness. All state funded grant programs receive PEH grants to assist persons who are exiting homelessness to become stably housed. DCRS has a longstanding partnership with United Way of Central Maryland to develop programs to end homelessness. The leveraging capacity of DCRS benefits all COC projects including renewals and bonus projects as well as state homeless services programs including ESG grants that are passed through the Maryland DHCD.

Humanim, Inc., the subrecipient for 5 existing renewals and for this bonus, RR project contributes administrative oversight for the projects as well as case management and a multitude for services for program participants such as access to a day program/drop-in center, 24/7 Crisis Services, transportation to appointments, workshops for employment, peer support, substance use education, issues regarding leasing apartments and financial education. The matching funds for the PSH and RR projects are the contribution of Humanim. Participants are also supported by mental health services provided by Humanim and billed to Medicaid. Humanim's Entitlements Manager participates in Social Security's Promoting Opportunities Demonstration Project. To ensure that each client has access to all eligible entitlements and benefits, Humanim maintains a staff of Certified Work Incentive Counselors, who not only offer fee-for-service benefits counseling but also provides benefits counseling and linkage to all Humanim clients. Additionally, Humanim has secured a \$150,000 Stulman Foundation grant to provide extensive motivational interview training for all Humanim staff members to increase the effectiveness of client services. A Vice President of Development and Development Manager lead Humanim's effort to find additional resources and grant opportunities.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Department of Community Resources and Services, under the authority of the Howard County Executive, designates the Office of Community Partnerships (OCP) to administer the CoC Program. Full time staff in OCP include the OCP Administrator who supervises the CoC Manager, HMIS Administrator, PEH Program Analyst, and Coordinator for Coordinated Entry System. The OCP Administrator oversees partnerships and funding for critical human services for vulnerable populations. The CoC Manager oversees CoC and state homeless grants and provides technical assistance to subrecipients to assure grant compliance. There is a formal agreement between the County and the Subrecipient to detail grant requirements and CoC responsibilities under the

COC Governance policies. The HMIS Administrator works with all homeless programs to assure timely and high-quality data entry and reporting. Grass Roots, a partner non-profit, operates the 24/7 hotline is the major provider of intake and assessment for the Coordinated Entry system. The Coordinator for Coordinated Entry receives notice from housing providers when a housing unit becomes available. The Coordinator identifies the next eligible, most vulnerable household for the available unit on the by-name waitlist, reviews homeless and disability status, subpopulation, VI-SPDAT and vulnerability assessments for the household. The Coordinator leads the CE Committee, and with them makes referral for the household chosen to the housing provider. The provider collects required documentation from the household and helps the household to secure housing. Entry into PSH, state and local housing programs are through Coordinated Entry. Annual monitoring is completed with the CoC Manager, HMIS Administrator, and the DCRS Fiscal Officer/Grant Specialist to ensure that programs comply with federal, state and local requirements. The CoC Manager reviews invoices submitted for reimbursement to validate backup documentation and assure conformity with grant requirements, regulations and OMB circulars. The invoice is prepared for payment and reviewed by 3 different staff persons where; 1) enters the invoice into the SAP accounting system, 2) approves payment and 3) completes the HUD draw in LOCCS or state reimbursement of homeless expenses. The CoC Manager and HMIS Administrator are available by phone, email and for in-person training. The Director of Behavioral Health Services at Humanim coordinates with the CoC Manager to administer a TBR rapid rehousing program. The CoC Manager collaborates with the Humanim Director of Grant Management to identify eligible expenses, track them against budget line items, submit timely invoices and prepare reports to assist with quarterly LOCCS draws. Humanim enters HMIS data and submits invoices for all PSH projects as required. Humanim adheres to GAP, which is overseen by a Chief Fiscal Officer, and is subject to an annual fiscal audit, which includes an A-133.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MD-504 - Howard County CoC

1b. CoC Collaborative Applicant Name: Howard County Government

2. Project Name: Rehousing I FFY 19

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Humanim's Rapid Rehousing (RR) Program will follow the CoC's RR Guide. Humanim will receive referrals from the Coordinated Entry system and follow its policies and procedures to determine prioritization and eligibility. When receiving a referral Humanim will verify the household has an eligible disability, is income eligible and meets the definition of homeless. Case managers will assist the household to obtain documents to prove eligibility. Humanim will use form "RRH Homelessness Verification Support Doc".

Humanim will admit the household to the program for 3 to 24 months of rental assistance, depending on the vulnerability and progress of the household, and offer case management up to 6 months after the case is closed. Case management beyond housing stability will be encouraged, not mandated. At a minimum, Housing Stability (HS) Case Managers will have monthly interaction to review budgets, verify that rent/utilities are paid and assess need for continued assistance. HS Case Managers will; assess housing barriers, ensure identification is secured, and identify move in needs/costs. Participants will complete the "Rental Calculation Spreadsheet" and provide proof of income with HS case manager assistance, as needed. Participants will complete the "Housing Location Support Form" to support choice in identifying housing. Case managers will help to locate rental units that meet participant preferences, HUD housing standards and rent reasonableness. Participants will be encouraged to visit prospective units before signing a lease.

Humanim's rental administrator will recruit landlords who will participant in rental assistance programs. Once a unit is identified, Humanim will enter into an agreement to establish Humanim's financial commitment to rental assistance and ensure that the client has a lease identifying the client's responsibilities, rent and lease period. As necessary, households with receive assistance with security deposits, applications and referrals to resources for furnishings, mediation with landlords, as needed.

At a minimum, participants' income will be reassessed every 6 months to approve ongoing funding and to maintain focus on progression towards housing independence. The goal is to gradually reduce assistance to avoid a steep increase in participant cost when assistance ends. At each reassessment, participants will have income verified and be assessed for barriers to housing independence and offered service planning, education, coordination of care, advocacy, and referrals to community resources to support housing. Humanim has experience providing consumer workshops on issues related to living independently. Humanim will host quarterly workshops on locating housing, understanding a lease, costs associated with housing, how to pay for housing, employment workshops, landlord/tenant relations. Workshops will be available to participants pre and post enrollment.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave

New Project Application FY2019	Page 25	09/24/2019
--------------------------------	---------	------------

the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	45			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

New Project Application FY2019	Page 26	09/24/2019
--------------------------------	---------	------------

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

N/A

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Humanim's rental administrator recruits landlords on a regular basis. When a unit is identified, Humanim enters into an agreement to establish Humanim's financial commitment and the client will have a lease detailing rent portion, time period and responsibilities. Households may be assisted with security deposits and referrals to and/or purchase of furnishings, as needed.

If consumer agrees, an integrated team of case managers, behavioral health and health professionals will be offered to consumers to assess vulnerabilities impacting housing. HS Case Managers will develop individualized housing plans. Trauma informed care is fully incorporated into service delivery and staff are trained to use motivational interviewing to support clients. HS Case managers advocate for clients to protect against discrimination. The rental administrator and case managers resolve crises with landlords on a routine basis through problem solving and conducting mediations.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Case managers, informed by the skills and philosophies listed above, will develop individualized housing plans that will increase independent living skills, refer clients to local community service providers, apply for eligible entitlements and benefits, and coordinate care between the multiple service and health care providers that can provide support. Based on Humanim's nearly 50 years in the Howard County community, strong relationships and a map of community resources is well established to assist with efficient and effective referrals and

resource coordination. Case management staff regularly partner with other providers in delivering concurrent services to individuals for effective care and advocate on behalf of their clients to navigate complex and bureaucratic systems in order to acquire all the benefits for which the client is eligible. Humanim has SOAR trained staff to ensure that clients are able to apply for and receive SSI/SSDI and Medicare. Referrals are made to health insurance i.e., Medicaid and CHIP and to food benefit programs like SNAP, WIC and local food pantries. Working clients are encouraged to take advantage of health insurance offered by employers. Employment referrals will be made to assisted employment and workforce development programs. Assistance with gaining access to the Section 8 waiting list will be essential for some clients. Humanim Case Workers will track referrals to ensure that clients have every opportunity to get help with working through bureaucratic systems. Quarterly assessments of client income and benefits will inform case managers of client success with gaining and increasing income and benefits. Increasing income is essential to a client becoming increasingly self-sufficient over their time of assistance so that they remain stably housed when assistance ends.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Monthly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream Yes



**benefit appointments, employment training,
or jobs?**

**5b. Regular follow-ups with participants to
ensure mainstream
benefits are received and renewed?** Yes

**6. Will project participants have access to
SSI/SSDI technical assistance
provided by the applicant, a subrecipient, or
partner agency?** Yes

**6a. Has the staff person providing the
technical assistance completed SOAR
training in the past 24 months.** Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 2

Total Beds: 2

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	2	2

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 2

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1:

Street 2:

City:

State: Maryland

ZIP Code: 21046

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

249027 Howard County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		2		2
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		2		2
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	2	0	2

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2					2				
Persons ages 18-24										
Total Persons	2	0	0	0	0	2	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No



4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6. If awarded, will this project require an initial grant term greater than 12 months? No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$33,360
Total Units:			2
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	2	\$33,360

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2402899999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$848	x	12		=	\$0
0 Bedroom		x	\$1,130	x	12		=	\$0
1 Bedroom	2	x	\$1,390	x	12		=	\$33,360

2 Bedrooms		x	\$1,740	x	12	=	\$0
3 Bedrooms		x	\$2,240	x	12	=	\$0
4 Bedrooms		x	\$2,600	x	12	=	\$0
5 Bedrooms		x	\$2,990	x	12	=	\$0
6 Bedrooms		x	\$3,380	x	12	=	\$0
7 Bedrooms		x	\$3,770	x	12	=	\$0
8 Bedrooms		x	\$4,160	x	12	=	\$0
9 Bedrooms		x	\$4,550	x	12	=	\$0
Total Units and Annual Assistance Requested	2						\$33,360
Grant Term							1 Year
Total Request for Grant Term							\$33,360

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Humanim will provide case management in the amount of \$7,879, equivalent to 23% of one FTE including FICA and Medicare. Case Managers assess functioning and needs across numerous life domains. They develop individualized plans to assist clients with linkage to community resources and entitlements. They coordinate access to medical and mental health services and address any barriers to access.	\$7,879
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$7,879
Grant Term		1 Year
Total Request for Grant Term		\$7,879

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$11,340
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,340

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Humanim, Inc.	08/28/2019	\$11,340

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Humanim, Inc.
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2019
6. Value of Written Commitment: \$11,340

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$33,360	1 Year	\$33,360
4. Supportive Services	\$7,879	1 Year	\$7,879
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$41,239
8. Admin (Up to 10%)			\$4,121
9. Total Assistance Plus Admin Requested			\$45,360
10. Cash Match			\$11,340
11. In-Kind Match			\$0
12. Total Match			\$11,340
13. Total Budget			\$56,700

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Humanim nonprofit...	08/22/2019
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Humanim nonprofit determination

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Calvin Ball

Date: 09/23/2019

Title: County Executive

Applicant Organization: Howard County Government

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

☐

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

☒

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page		Last Updated
1A. SF-424 Application Type		No Input Required
1B. SF-424 Legal Applicant		No Input Required
New Project Application FY2019		Page 49
		09/24/2019

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2019
1E. SF-424 Compliance	08/22/2019
1F. SF-424 Declaration	08/22/2019
1G. HUD 2880	08/22/2019
1H. HUD 50070	08/22/2019
1I. Cert. Lobbying	08/22/2019
1J. SF-LLL	08/22/2019
2A. Subrecipients	08/22/2019
2B. Experience	08/28/2019
3A. Project Detail	08/25/2019
3B. Description	09/12/2019
3C. Expansion	08/22/2019
4A. Services	09/12/2019
4B. Housing Type	08/22/2019
5A. Households	08/22/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/22/2019
6E. Rental Assistance	08/22/2019
6F. Supp Srvcs Budget	08/28/2019
6I. Match	08/22/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/22/2019
7D. Certification	08/28/2019

OGDEN UT 84201-0038

In reply refer to: 0437989325
May 08, 2017 LTR 4168C 0
52-0962588 000000 00
00028662
BODC: TE

HUMANIM INC
6355 WOODSIDE CT
COLUMBIA MD 21046



012276

Employer ID Number: 52-0962588
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Apr. 27, 2017, regarding your tax-exempt status.

We issued you a determination letter in February 1973, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0437989325

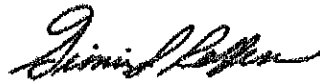
May 08, 2017 LTR 4168C 0

52-0962588 000000 00

00028663

HUMANIM INC
6355 WOODSIDE CT
COLUMBIA MD 21046

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Ginni L. Redfern".

Ginni L. Redfern
Program Manager, AM OPS 1